



# Smoke Alarms for Hearing Impaired Seniors



## Application

Please complete the entire application (front and back). The following documents must be submitted with your application:

- \_\_\_\_\_ Proof of age
- \_\_\_\_\_ Proof of residence
- \_\_\_\_\_ Doctor's verification of hearing disability
- \_\_\_\_\_ Copy of most recent federal income tax return

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Evanston Address: \_\_\_\_\_ Ward#: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Date of Birth or Age \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Day \_\_\_\_\_ Night \_\_\_\_\_

Work/Alternate Phone Number \_\_\_\_\_ Day \_\_\_\_\_ Night \_\_\_\_\_

Preferred Contact Time: \_\_\_\_\_

Does your home presently have working smoke detectors? Yes \_\_\_\_\_ No \_\_\_\_\_

Total number of occupants in residence \_\_\_\_\_

Age(s) of occupant(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Does disability limit resident from changing smoke detector battery? Yes No

OFFICE USE ONLY: Issue Date: \_\_\_\_\_

Installed Date: \_\_\_\_\_ Installed by: \_\_\_\_\_



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To apply for the Hearing-Impaired Smoke Detector and installation, please circle on the chart below the family size and income range that corresponds to your household's annual gross taxable income. Attach a copy of your most recent federal income tax return(s).

Family Size	Income Limit	Please check all that apply
1	\$41,700	Ethnic Category:
2	47,700	Hispanic or Latino_____
3	53,650	Not Hispanic or Latino_____
4	59,600	
5	64,350	<b>Race:</b>
6	69,150	American Indian or Alaska Native_____
7	73,900	Asian_____
8	78,650	Black or African American_____
		Native Hawaiian/Pacific Islander _____
		White_____
		Other_____

I certify that, to the best of my knowledge, the above information is true and accurate. I authorize the City of Evanston to verify the documentation attached. I acknowledge that receipt of this application by the City of Evanston does not constitute a commitment to provide me with smoke detector and that any assistance, if received, will be based in part upon the total funds the City of Evanston has available for the Hearing-Impaired, Smoke Detector Program and the number of qualified applicants.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

NOTE: Failure to complete or sign this survey and attached appropriate documentation will result in applicant being disqualified from the program. If you have any questions, please contact the City of Evanston, (847) 866-5936. Return application to Captain Geoff Block, 909 Lake St., Evanston, IL 60201.